

Developing a Client/Patient Satisfaction Survey

Subject: Client/Patient Satisfaction Interview/Survey
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Why has customer satisfaction become so important to business in general and to health care in particular? What happens when customers (or patients) become dissatisfied? How does one prevent or remedy dissatisfaction? Patient satisfaction should be a Hospital/Clinic objective.

Dimensions of Patient Satisfaction

Although most patients are generally satisfied with their service experience, they are not uniformly satisfied with all aspects of the care they receive, and therein lie the challenge to health care management. How much service is enough to elicit high satisfaction among customers and ultimately to keep them returning to the Hospital/Clinic with satisfaction, and just what kind of service is that?

What are the dimensions of patient satisfaction? According to a national survey the ranking is as follows:

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| 1. | Highest priority: | Overall care |
| 2. | Second priority: | Cleanliness |
| 3. | Third: | Physicians |
| 4. | Fourth: | Nurses |
| 5. | Fifth: | Other health staff |
| 6. | Sixth: | Concern of staff |
| 7. | Seventh: | Admissions/Discharge |
| 8. | Eighth: | Courtesy/helpfulness of clerical/secretarial/business staff |
| 9. | Ninth: | Parking/Convenience |
| 10. | Tenth: | Cost of Care |

Patient Satisfaction Defined

Many health providers have complained that patient satisfaction is an ill-defined concept. Perhaps, in fact, it is difficult to define or describe patient satisfaction. A simplistic version of PFCE defined is "the positive evaluation of distinct dimensions of health care. The care being evaluated might be a single clinic visit, treatment through an illness episode, a particular health care setting or plan, or the health care system in general."

There are ten constructs or elements that can be used to determine patient satisfaction:

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| 1. | Accessibility/Convenience | 6. | Humanness |
| 2. | Availability of resources | 7. | Information gathering |
| 3. | Continuity of care | 8. | Information giving |
| 4. | Efficacy/outcomes of care. | 9. | Pleasantness of surroundings |
| 5. | Finances | 10. | Quality/competence |

Survey Administration

Most surveys must rely on three basic methodologies:

1. Surveys administered *in-person*,
2. Surveys conducted with individuals over the *telephone*
3. Surveys using a *mail-out* and return-response mechanism.

Survey Questions

There are four "rules" to bear in mind when developing a survey:

1. Length of the survey: Surveys being too long or too short
2. Question format: Avoiding double-barreled questions ("Did Admissions staff serve you *promptly and courteously?*")
3. Appropriateness of Questions: Does the question ask what it was intended to ask?
4. Follow-up Questions: *In-Person* or *telephone* interviewers should probe with follow-up questions: "Is there anything else?" Written surveys should provide space for comments.

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Research Design

1. Determining Research Objectives:

Before collecting data, it is essential that the researcher establish with management the purpose or objectives of the study. It is not uncommon for management to initiate a research project with a question as vague as "How do I know how satisfied patients are with the care we are providing?" Before attempting to answer such a question, the researcher needs to clearly understand which patients, departments, or services management wishes to study and why. It is an error to assume that one study can answer all of management's questions.

The next question to consider is what management means by patient satisfaction -- what they really want to know and why. Some managers may equate satisfaction with patient complaints, or lack thereof, believing that as complaints decrease, satisfaction increases.

1. Selecting the Methodology: Patient satisfaction research can be divided into two general categories:

A. Qualitative Methods:

Qualitative research describes both the service received and patient's experience of it. To get this information, the researcher must enter the patient's world and experience the service from the patients' perspective. To gain this perspective, the researcher immerses himself or herself in the service as if he or she were a patient. In addition to observing the service, informal and in-depth patient interviews are conducted, as well as focus groups. Clinical staff is also interviewed to gain their perspective of the patients' experience. Quite often, qualitative research is the first stage in a research project because it affords an opportunity to explore the patient's world.

Appropriate Uses for Qualitative Methods:

1. Management is unclear about what they want to know about the service, and why.
2. Management is primarily interested in obtaining information that will be helpful in understanding how to improve the service.
3. The researcher does not fully understand the service, the characteristics of the patients, or their problems, language, expectations, and needs.
4. It is unclear how to interpret quantitative patient satisfaction data.

B. Quantitative Methods:

Quantitative research measures patient satisfaction by counting or by using scales. Counts are made on the number of patients who complained, the number indicating they were satisfied, etc.

Another form of quantitative research involves the use of various types of scales on which respondents are asked to rate various service attributes on an evaluation continuum (scale):

Rate the overall care	1	2	3	4	5
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Appropriate Uses for Quantitative Methods:

1. How satisfied are patients?
2. Will service changes (for example, increasing or decreasing the number of staff, facility improvements, etc.) affect patient satisfaction?
3. Are patients more or less satisfied with the Prenatal Clinic as compared to Well-Child Clinic?